

# PROVIDER BULLETIN

## PROVIDER INFORMATION



February 1, 2019

### **Purchased Services/Outside Labs**

The Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) **Laboratory Service – General Guide Policy** was updated to better align with the HIPAA Professional Implementation Guide and to correct the claims transaction loop information that was previously noted incorrectly.

Link to updated policy:

[https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA\\_15089039](https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_15089039)

As a reminder, tests sent to an independent laboratory for analysis and billed by the provider that acquired the lab specimen are required to be billed with modifier -90 and the following fields should be populated with information about the independent laboratory that analyzed the specimen:

- **Loop 2400, SV101-2 (procedure/modifier)** - enter the procedure code of the test and the modifier -90.
- **Loop 2310B (Claim Level) or 2420A (Line Level), NM109 Rendering Provider** - Can be left blank if there is no professional component involved from this billing provider. For example, surgeon preparation of surgical pathology specimen requires a rendering provider.
- **Loop 2420B (Line Level only) – Purchased Service Provider** - enter the NPI for the Purchased Service Provider.
- **2420E (Line Level only) – Ordering Provider** – Enter Physician/Practitioner information that ordered the laboratory services.
- **Loop 2310C (Claim Level) or 2420C (Line Level) – Service Facility Location** - enter complete information for the provider submitted in the Purchased Service Provider Loop (including the NPI). Follow HIPAA Standard for usage.

### **Products Impacted**

Commercial fully insured, self-insured and individual plans, BlueCard, Federal Employee Program (FEP), and Medicare Advantage products are included. Minnesota Health Care Programs (MHCP) are not in scope as laboratory services with modifier -90 billed on or after August 1, 2016 aren't reimbursable per MHCP billing guidelines.

### **Coding Requirements Reminder**

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. **HCPCS, CPT, ICD**), only valid codes for the date of service may be submitted or accepted.

### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

HCPCS stands for Healthcare Common Procedure Coding System

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Bulletin P20-19

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L08R04 (12/13)